

# Exhibit C

IN RESPONSE TO THE CORONAVIRUS (COVID-19) PANDEMIC,  
A FEDERAL JUDGE HAS ORDERED THAT CERTAIN MEDICALLY  
VULNERABLE PRISONERS BE TRANSFERRED OUT OF FCI ELKTON. WE  
WANT TO KNOW IF YOU ARE PART OF THE GROUP THAT CAN GET  
TRANSFERRED.

The ACLU of Ohio and the Ohio Justice & Policy Center want to learn who is covered by the Court's order as part of a class action lawsuit. Please fill out this letter only if:

1. You are **65 years old or older** OR
2. You have one or more **documented** medical conditions listed on the back of this page that puts you at high risk for getting very sick from COVID-19.

If you **are** in one of those 2 groups, please:

- Answer the questions on the back AND fill out the attached medical release form
- Put the letter AND the form in the envelope and return it.

If you **are not** in one of those 2 groups, please do not return this letter.

Name: [REDACTED]

BOP #: [REDACTED] Age: 56

Your Current Release Date: 2/2/25

Your Lawyer's Name: N/A

Your Lawyer's Phone or Email: N/A

Check this box only if you do NOT have a lawyer, and you cannot afford to pay for one: ☒

Have you asked the Warden for compassionate release? ☒ Yes ☐ No

If yes, when did you apply? 4/8/2020

If yes, have you gotten a response? ☒ Yes ☐ No

What response did you get? does not meet criteria

*The ACLU of Ohio and the Ohio Justice & Policy Center are not your attorneys as an individual, though we do seek to represent the class of people seeking transfer, as a whole. If you think you might be eligible for compassionate release, you should contact your lawyer or ask for compassionate release in writing to the Warden.*

**TURN OVER**



Your medically documented, pre-existing condition (*circle all that apply*):

**Heart Disease**

**Liver Disease**

(including Hepatitis C)

**Kidney Disease**

(whether on dialysis or not)

**Lung Disease**

(including asthma and COPD)

**Diabetes**

**Immunocompromised**

(cancer treatment, transplants, HIV/AIDS, or medications that weaken the immune system)

**Severe Obesity**

(BMI of 40 or higher)

**Other/Please Specify:** \_\_\_\_\_

Any details about your condition: \_\_\_\_\_

What treatment have you had for your condition? \_\_\_\_\_

Does FCI Elkton have access to medical records for your condition?

☒ Yes

☐ No

*If you believe you may have a condition that puts you at risk, it is your responsibility to provide all medical records to the prison so that you can be included. We recommend that you contact your attorney. **If you choose to provide information using this letter, we may share it with other attorneys, consultants, or attorneys for the Bureau of Prisons as part of our efforts to pursue relief for the class.***

**You Can Choose to Stay at Elkton If You Want**

The judge's order in the class action lawsuit applies to all prisoners age 65 or older OR with certain medical conditions that put them at higher risk from the coronavirus. These people may be eligible for home confinement, furlough, compassionate release, or transfer out of Elkton to a different prison.

It is possible that the Warden, the Bureau of Prisons, or the court may find that you are not eligible for home confinement, furlough, or release, and that your only choice is to move to a different prison or stay at Elkton. That other prison could be higher security than Elkton, but would be better than Elkton for social distancing. **IF THAT HAPPENS, YOU CAN DECIDE LATER TO STAY AT ELKTON.**

Even though you can decide later, would you like to decide to stay at Elkton now anyway? Checking "Yes" means you would **NOT** obtain any kind of release or transfer as a result of this lawsuit.

☒ Yes

☐ No

Do not wish to transfer





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Name: \_\_\_\_\_

BOP #: \_\_\_\_\_ Age: 60

Your Current Release Date: 7-18-27

Your Lawyer's Name: —

Your Lawyer's Phone or Email: \_\_\_\_\_

Check this box only if you do NOT have a lawyer, and you cannot afford to pay for one: ☒

Have you asked the Warden for compassionate release? ☒ Yes ☐ No

If yes, when did you apply? 4-22-20

If yes, have you gotten a response? ☐ Yes ☒ No

What response did you get? \_\_\_\_\_

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TURN OVER



Your medically documented, pre-existing condition (*circle all that apply*):

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**Severe Obesity**

(BMI of 40 or higher)

**Other/Please Specify:** \_\_\_\_\_

Any details about your condition: \_\_\_\_\_

What treatment have you had for your condition? \_\_\_\_\_

Does FCI Elkton have access to medical records for your condition?

☒ Yes

☐ No

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Even though you can decide later, would you like to decide to stay at Elkton now anyway? Checking "Yes" means you would NOT obtain any kind of release or transfer as a result of this lawsuit.

☒ Yes

☐ No

*Don't want to be punished by going to higher security*

**OJPC**

**ACLU**  
Ohio



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Name: \_\_\_\_\_

BOP #: \_\_\_\_\_ Age: 72

Your Current Release Date: 8/31/2025

Your Lawyer's Name: \_\_\_\_\_

Your Lawyer's Phone or Email: \_\_\_\_\_

Check this box only if you do NOT have a lawyer, and you cannot afford to pay for one: ☐

Have you asked the Warden for compassionate release? ☒ Yes ☐ No

If yes, when did you apply? APRIL 10, SUPPLEMENTED APRIL 24, 2020

If yes, have you gotten a response? ☐ Yes ☒ No

What response did you get? \_\_\_\_\_

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**Diabetes**

**Immunocompromised**  
(cancer treatment, transplants, HIV/AIDS, or medications that weaken the immune system)

**Severe Obesity**  
(BMI of 40 or higher)

**Other/Please Specify:**

Any details about your condition: SEE SHEETS ATTACHED 2

What treatment have you had for your condition? SEE SHEETS ATTACHED 2

Does FCI Elkton have access to medical records for your condition?

☒ Yes AND ☒ No

FOR SOME RECORDS - YES.  
OTHERS TO BE PROVIDED

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Even though you can decide later, would you like to decide to stay at Elkton now anyway? Checking "Yes" means you would NOT obtain any kind of release or transfer as a result of this lawsuit.

☐ Yes ☐ No



**ACLU**  
Ohio

MEDICAL RECORD  
SUPPLEMENT

[REDACTED] DATE 5/15/2020

I AM INCLUDING INFORMATION ABOUT MY ONGOING MEDICAL ISSUES WHICH MAY BE GERMAINE IN ASSESSING MY SUSCEPTIBILITY TO THE CURRENT COVID CRISIS. I HAVE LISTED SOME ISSUES WHICH ALTHOUGH SEEM REMOTE OR NOT RELEVANT, THEY, I BELIEVE, MAY RESULT IN OVERALL DIMINISHED IMMUNE RESPONSE:

[REDACTED]

[REDACTED]

3) [REDACTED]



## SUPPLEMENT (CONT'D.)

DATE 5/15/2020

SOME MEDICAL RECORDS HERE AT ELKTON, SOME AT CCA YOUNGSTOWN, O AND SOME BY INMATES PRIVATE HEALTH CARE PHYSICIANS YET TO BE RECEIVED BUT WILL BE PROVIDED WHEN AVAILABLE. UPON RECEIPT. SINCE PHYSICIANS ONLY REQUIRED TO RETAIN CLIENT HISTORIES 7 YEARS AND THE LIMITED TIME TO PRODUCE THESE RECORDS, SOME OF THE ABOVE ISSUES WILL NOT HAVE FULL OR ONLY PARTIAL DOCUMENTATION.

IN THE EVENT THAT THE WARDEN, BOP OR COURT FINDS THAT I AM NOT ELIGIBLE FOR HOME CONFINEMENT, FURLOUGH OR RELEASE, I WISH TO ELECT THAT, UPON DETERMINATION OF INELIGIBILITY <sup>BY THE COURTS</sup>, I CHOOSE TO STAY AT ELKTON AS OPPOSED TO TRANSFER, AS MY FAMILY, MY HOME (APPROX FOR BOND OCCUPANCY) ARE LESS THAN 1 HR AWAY.  
THANK YOU FOR YOUR CONSIDERATION.